be equally beneficial in ague, tic douloureux, and neuralgia. It possesses both the qualities of a mineral and vegetable tonic, and when the system has become habituated to either the one or the other, (which we frequently find the case from long-continued use,) by the administration of this medicine you still keep up the former action, while at the same time a new one is introduced into the system. He related a case which demonstrates this very satisfactorily. A young woman who had been affected with lepra six years, was admitted a patient at the Exeter Dispensary, under his care, and was ordered the liq. potassæ arsenitis, with decoct. dulcamaræ, three times a day. For a time the disease appeared to be improving, but it gradually got back to its former state, although the quantity of arsenical solution was increased to the full extent; he then ordered one-third of a grain of di-arsenite of quinine to be taken twice a day, and the following week the eruption was much improved; to make use of her own expression, "it was looking quite beautiful." It has been gradually increased to four times a day, and now she is nearly well.

Dr. Kingdon has tried it in several other cutaneous diseases, and with equal success. The preparation is made in the following manner:—He first dissolves 64 grains of arsenious acid, and 32 grains of pearl ashes, or subcarbonate of potash, in four ounces of distilled water, by boiling it for about half an hour, and then makes it up to four ounces with as much water as may be required, so that each drachm may contain two grains of arsenic. He adds five drachms of this solution to two scruples of disulphate of quinine, previously dissolved in boiling distilled water; immediately a white curdy precipitate is formed, which is the di-arsenite of quinine; he then pours it on a filter, well washes it, and leaves it on the filter to dry. When the proportions are accurately weighed, the water is neutral, and no arsenic can be detected. It is uncrystallizable and insoluble in water, but soluble in alcohol. He gives the one-third of a grain for a dose twice a day, and gradually increases it to three and four times in the course of the day, either made into pills with bread, or in the form of powders mixed with a little sugar or gum; of course nothing acid must be given at the same time, as that would decompose it.—(*Provincial Medical and Surgical Journal*, Aug. 25, 1847.)

MEDICAL PATHOLOGY AND THERAPEUTICS AND PRACTICAL MEDICINE.

14. *Efficacy of Compression of the Epigastrium for the cure of Hiccup.*—The employment of compression of the epigastrium to arrest constant hiccup, was suggested to M. Rostan, a long time since, by an old physician of Paris, whose wife was subject to attacks of hysteria, during which she suffered from incessant hiccup. This physician had remarked that his wife experienced remarkable relief from strong compression on the epigastrium with the hand. Since this period M. Rostan has employed this simple means in many cases of the same kind and constantly with good effect, whatever might be the cause of the hiccup. To render the pressure constant, M. R. has used, instead of the hand, a pad with a truss spring.—*La Lancette Française*, Feb. 20, 1847.

M. Boyer (*Révue Méd. Chirurgicale*, July, 1847), relates three cases of painful and obstinate hiccup instantly relieved by the above means. Bordeu recommended long ago, this plan, which had fallen into oblivion.

15. *Scurvy.*—The *Dublin Medical Press* (July 21st, 1847), contains an interesting paper on this disease, which is now prevailing very extensively in Great Britain, and particularly in Ireland, by Dr. O. B. Bellingham. Six cases of the disease are related, from an analysis, for which he presents the following as the more prominent symptoms of the present epidemic.

"*Appearance of the gums.*—The first appearance of the disease in the gums is slight swelling and increased redness of these parts, with a tendency to bleed, commencing usually upon the inside of the incisor teeth of the upper jaw, but soon extending to both; the swelling gradually engages the gums lining the molar teeth, particularly upon the inside, or it may commence here. When the disease is advanced, the appearance of the mouth is very disgusting, the gums upon both sides of the teeth are red and swollen, presenting a broad irregular surface, and resembling the fungous granulations of certain ulcers, bleeding from the slightest cause, impeding articulation, and almost totally preventing mastication. When more advanced, the gums overhang the incisor teeth, and cover and almost conceal the molars; the breath at the same time is most offensive, resembling that of a person under the influence of mercury, but even more disagreeable. The local application which seemed to answer best in these cases, and which was the most grateful to the patient, was a gargle composed of tincture of myrrh, tincture of bark, and cinnamon water.

"*Spots of purpura simplex.*—Spots resembling those of the purpura simplex of Willan and Bateman were among the earliest symptoms; they were always first observed upon the lower extremities, usually below the knees, and were often limited to these parts; in no instance did I notice them upon the face. Many of these spots were small, resembling the maculæ of typhus or flea-bites; the majority, however, were larger; as they faded, they assumed a dull brown colour, just as is observed in purpura simplex. They were not elevated above the surface; in one or two instances they seemed to be mixed with papulæ, as they were attended with considerable itching.

"*Patches resembling purpura hemorrhagica.*—Large patches resembling those figured in Willan and Bateman's work as characterizing purpura hemorrhagica, were observed only in the more advanced stage of the disease; in some instances these seemed as if formed by the union of many smaller patches; their shape was irregular; they were seen most frequently in the vicinity of the joints, particularly upon the inside and outside of the ankles; several were often present in the same patient, and their size seldom exceeded that of a half-crown. In one patient recently in hospital (who, however, showed no other symptom of scurvy), they had a very unusual site—viz., around each eye, and under the conjunctiva covering the sclerotic coat. It commenced in the cellular tissue about the right eye, and then extended to the globe, and continued to increase until no part of the sclerotic coat was visible, and the conjunctiva covering it had a deep blood red colour. The left eye then became similarly affected, and the patient presented a most extraordinary appearance. After a time the effused blood began gradually to be absorbed, and the patient left the hospital well.

"*Patches resembling ecchymoses.*—Patches of discoloration, resembling the effects of a contusion or bruise, were very common, and were sometimes the first symptom noticed. In the very early stage the discoloured appearance of the skin might have been mistaken for dirt: after a time, the part presented a most remarkable resemblance to the effects of a bruise or contusion, all the shades of colour which are familiar to us after such an injury being present. These patches of ecchymosis were in a great measure confined to the extremities, and were much more common upon the lower than the upper extremities; they were usually seen in the vicinity of the joints; a common situation was the ham, or the calf of the leg, or about the ankles; sometimes they were seen upon the thighs, the front of the wrists, or the arms; in one instance, immediately over the patella. They were almost always accompanied by the spots and patches of purpura already described.

"*Swelling and stiffness in the hams.*—A symptom which was sufficiently common was a stiffness of the hamstring tendons, accompanied by hard painful swelling in the popliteal space; this usually commenced in one limb and soon extended to the other. This condition was marked by considerable pain on motion, and by patches of ecchymosis upon the part, the space between the tendons of the ham appeared to be filled up, and the swelling extended below the joint to the calf of the leg; the part was hard to the touch, and the patient suffered so much pain upon motion as to incapacitate him from walking, and it was for this symptom alone that he sometimes sought relief. Swelling and stiffness in the hams were sometimes the first symptoms noticed, and sometimes almost the only ones present. The local application which appeared to afford most relief in it was 'the anodyne liniment' of the Pharmacopœia.

"*Œdematous swelling of the extremities.*—When the disease was at all advanced, more or less swelling of the lower extremities was generally present; this was generally limited to the ankles, and resembled œdema, but the swelling was harder and did not so readily pit upon pressure; it was also accompanied by increased heat of surface and pain, and the skin was studded with spots and patches of purpura. Although the swelling was usually limited to the ankles, it sometimes engaged the entire limb from the groin downwards. In one case where the swelling was limited to one side, the limb presented many of the characters of phlegmasia dolens; the patient was a female too, and had been confined a short time previous to its setting in.

"*Debility.*—Debility was an early and a constant symptom; at first it consisted merely in a disinclination to exercise, and the patient was easily fatigued. As the disease advanced, the patient became so weak as to be incapable of moving about, or of making almost the slightest exertion, and he was usually further incapacitated, owing to the swelling and stiffness of the hams, or to the œdematous swelling of the lower extremities.

"*Pains resembling rheumatism.*—Pains referred to the bones or joints, resembling those of chronic rheumatism, were common; in some instances, they were the first which attracted the patient's attention, and they were usually supposed by him to be rheumatic. They set in usually before any spots of purpura appeared; but the gums, if examined, were always found to be engaged at the same time.

"*Countenance.*—The countenance was always characteristic, particularly when the disease was at all advanced; it was then somewhat bloated and anæmic; the cheeks and lips being blanched, with a yellowish tinge in the skin, at the same time being more or less expressive of anxiety. Sometimes the cheeks were much swollen, the patient was unable to articulate, and resembled a person suffering from severe toothache.

"*Palpitation—Dyspnœa.*—In few of the cases which I have met with were palpitation or dyspnœa much complained of by the patient. The action of the heart was usually somewhat more rapid than natural, and the pulse was small and feeble. No bruit de soufflet was ever audible on auscultation over the large arteries, nor was bruit de diable ever heard in the veins of the neck, though from the anæmic appearance of the person, it might, *à priori*, have been expected.

"*Hemorrhages, &c.*—No hemorrhage occurred in any patient under my care from any part of the alimentary canal; the bleeding was almost confined to the gums; in one patient, a female, epistaxis occurred twice; in another the disease set in with menorrhagia, which yielded to the ordinary remedies. No patient presented ulcers upon the extremities or other parts, such as have been described by Lind and the older writers upon scurvy.

"*Appetite—State of the bowels.*—The appetite in almost every case was good, and remained so all through; the tongue was usually clean but pale, and the bowels were generally regular.

"The disease which has just been described, and which, unfortunately, is now so prevalent, is neither a new one to the country, nor is it one peculiar to seamen, as has sometimes erroneously been supposed; it is, in fact, precisely the same form of scurvy which in former times ravaged the northern countries of Europe, and whose visitations were as fatal and as much dreaded as any epidemic of modern times; but which had been so completely eradicated in these countries as to be never met with on land; and so rarely seen even at sea, that the majority of naval surgeons of the present day have had no opportunity of becoming acquainted with it.

"According to Lind, whose work upon the subject is the most complete, the countries in which scurvy formerly prevailed especially, were Holland, Germany, Hungary, Russia, Denmark, Sweden, Norway, and England. It would appear, from the history he has given, that the disease is one of very great antiquity, and that the prominent symptoms of the disease, as formerly observed, are identical with those of the present epidemic. Thus, Echthius, a physician of Cologne, whose work was published in the year 1541, enumerates, as the more certain symptoms, the following:—'A fœtid breath, a spongy swelling of the gums which are apt to bleed, with a loosening of the teeth, and an eruption of leaden-coloured, purple, or livid spots upon the legs.' Wierus, who wrote in 1567, adds some other symptoms,—viz., 'The weakness in the legs felt at the approach of the disease is attended with stiffness and pain; small spots, resembling blood sprinkled upon the part, appear on the legs, thighs, and on the whole body, but the very large livid and purple spots chiefly on the legs. In the progress of the disease the tendons of the legs become stiff and contracted.' 'If we compare (Lind observes) the symptoms given by those two writers with the accounts of the disease contained in books of voyages, particularly in Lord Anson's Voyage round the World, we shall perceive an entire agreement in the essential signs of the disease.'

"That the disease now so prevalent in this country is identical with that which formerly prevailed amongst seamen in long voyages, is also evident from the description of the scurvy given by Lind, himself a naval surgeon. The following are the symptoms of this disease as laid down by him in the third edition of his treatise, published in the year 1772, and they will be found to correspond closely with the symptoms already mentioned as characterizing the present epidemic:—

"'The first indication of the approach of this disease is generally a change of colour in the face, from the natural and usual look, to a pale and bloated complexion; with a listlessness to action, or an aversion to any sort of exercise.

"'Their former aversion to motion degenerates soon into an universal lassitude, with a stiffness and feebleness of their knees upon using exercise; with which they are apt to be much fatigued, and soon put out of breath.

"'The gums soon after swell, and are apt to bleed upon the gentlest friction. Their breath is then offensive, and upon looking into their mouth, the gums have an unusual livid appearance, are soft and spongy, and become afterwards extremely putrid and fungous, one of the most distinguishing signs of the disease. They are subject not only to a bleeding from the gums, but from other parts of the body, especially at the nose.

"'The skin, when examined, is found to be covered with several reddish, bluish, or, more frequently, black and livid spots, equal with the surface of the skin, resembling an effusion of blood under it, as it were from a bruise. These spots are of different sizes, from the bigness of a lentil to that of a hand breadth, and larger; but the last are more uncommon in the beginning of the distemper. They are to be seen chiefly on the legs and thighs, often on the arms, breast, and trunk of the body, less frequently on the head and face.

"'Many have a swelling of their legs, which is first observed on their ankles towards the evening, and hardly to be perceived next morning; but, after continuing a short time in this manner, it gradually advances up the leg, and the whole member becomes œdematous; with this difference only in some, that it is never painful, also does not so easily yield to the finger, and retains the impression of it longer than a true œdema.

"'In the second stage of the disease, the patients most commonly lose the use of their limbs; having a contraction of the tendons in the ham, with a swelling and pain in the joint of the knee. Indeed, a stiffness in these tendons, and a weakness of the knees, appear pretty early in this disease, generally terminating in a contracted and swelled joint. They are subject to frequent languors; and when long confined from exercise, are apt to faint upon the least motion of the body.

"'The true scorbutic spots are flat and equal with the surface of the skin. I have sometimes, however, observed the legs, at the same time when greatly swelled, covered with dry scurfs or scales, and frequently there appear upon the skin small eruptions of the dry miliary kind.

"'Some have their legs greatly swelled, and covered with one or more large livid spots or blotches, others have hard swellings, those in different places, extremely painful; and others I have seen without any swelling, have the calf of the leg as hard as a stone.'

"It would therefore appear from what precedes—

"1st. That a disease which had been so far extinguished as to be unknown to the practitioners of the present day, has reappeared in this country, and now prevails extensively.

"2d. That this disease did not make its appearance until after the people had been deprived of their accustomed diet for several months.

"3d. That this disease prevails only among that class of the population whose diet consisted formerly, in a great measure, of the potato, and who, as long as they had this vegetable in abundance, enjoyed a perfect immunity from it.

"The subjects of the preceding cases appear all to have had a sufficiency of bread, others had meat in addition, with sometimes wine or porter; none suffered from an absolute deficiency of food; but all agreed in not having used fresh vegetables from the period of the failure of the potato crop of last year. It is clear, therefore, that the cause of the present epidemic may be traced to the absence of the potato from the dietary of the poor; and it is equally clear that a diet of bread, with or without meat or broth, is incapable of preserving the body in health, and tends to develop scurvy; while we know from long experience in this country, that a diet consisting solely of the potato is capable of affording sufficient nourishment, and of preserving the body in perfect health.

"Now, the potato is placed by theorists nearly at the bottom of the list in the scale of articles of nutrition; indeed it has been assumed to consist of little besides water and carbon. According to the Liebigian theory, carbon, which is a large constituent of fat, but contributes hardly anything to muscle or bone, abounds in the potato, while the constituents of bone and muscle are abundant in peas, beans, wheat, oats, barley, and rye; *ergo*, the latter are much superior to the former as articles of food for the labouring population; and philanthropic individuals have calculated that an Irishman who consumes daily ten pounds of potatoes would gain more nourishment and strength from a few ounces of peas or beans. Indeed, if all we read about nitrogenized and non-nitrogenized articles of food were correct, the potato would have fallen into disrepute long since; and it ought by itself to be incapable of supporting the strength of a labouring man; although for more than half a century it has constituted the sole food of the great majority of the peasantry of this country, and we believe a healthier or a hardier population was to be met in few countries; contrasting sadly with their present altered aspect after a diet for some months composed of more highly nitrogenized substances.

"The philosophers of the Liebig school would appear to regard the human body as little more than a machine or laboratory, certain substances introduced into which undergo certain chemical changes, the non-nitrogenized being subservient to respiration, the nitrogenized to the formation of blood, from which the organized tissues are formed; consequently it is only necessary to introduce the necessary amount of each, and the machine will be preserved in good working order. Now bread and meat contain 'the plastic elements of nutrition' and 'the elements of respiration' in the exact proportions necessary, yet we see that a disease has been generated by such a diet, which the use of what in theory is a far inferior diet protects the individual from.

"I had intended to have followed up this subject, but the length to which this paper has already reached precludes the possibility of my doing so at present. I shall merely add, therefore, that the reappearance of scurvy in this country appears evidently to be due to the absence of the potato from the dietary of the poor; and that there can be no doubt that the free use of this vegetable is the best prophylactic against the disease, and has been the cause of its subsidence for so many years. The present epidemic will, therefore, serve to show that a diet which contains nitrogenized substances in the greatest amount, and in the smallest bulk, is not the most eligible for man, but that other circumstances must be taken into account if we expect to preserve the health."

16. *On the Varieties of Headache.*—Dr. SAMUEL WRIGHT, of Birmingham, in a clinical lecture delivered at Queen's College, gives the following account of the different varieties of headache:—

To give you some general notion of them, as we are yet dealing only in generalities,—suppose a patient comes to you complaining of headache. This is a very generic sort of term, and may involve a great variety of specialities, some serious, and others simple. One patient, we will say, is in his teens, or not far out of them, yet he looks older by many years than he ought to do. His face is blanched and parchment-like, cheeks sunken, eyes hollow, lustreless, and watery, and they never look fairly at you; the man is timid, nervous, shuns society, and has no inclination for active pursuits; he is subject to giddiness and forgetfulness, and has almost constantly a dull, heavy pain at the back of his head, perhaps extending down the spine, with a sense of weight and dragging of his legs. Here you have a nervous system enfeebled and shaken from causes you will easily learn if you pointedly inquire after the personal habits of the sufferer. Another complains of oppressive pain chiefly over his eyes, scarcely ever leaving him, but distressingly aggravated at different periods of the day. It is probable, that these periods are subsequent to meal times, and that then the headache is attended also with drowsiness. The man is dyspeptic. He will tell you that his bowels are confined, and that he is troubled with wind. Look at his tongue, and you will see that it is furred with, most likely, a brownish patch in the centre. Percuss the right hypochondrium, and you may find a greater extent of dulness, or more tenderness, than natural. The condition of the great viscus here is wrong. Liver, stomach, and bowels, are the sources of that frontal headache. Another patient has pain in the forehead, but it is acute and lancinating, and not persistent. Its periods of accession and departure are pretty regular. Ask the precise spot of the pain, and you will have indicated the exit of the supraorbital nerve of either side, probably the left. Here you have a case of tic douloureux, which may have no obvious exciting cause, or may result from exposure to cold, from dyspepsia, from pregnancy, from uterine disease or disorder, &c. Another complains of aching all over his head, considerably increased by heat or cold, as the case may be. On further inquiry, you learn that the pain is chiefly superficial, and that to rub the patient's hair in different directions, sharply, is to agonize him. Here you have rheumatism of the cranial integuments. Look cautiously after this case. You may suddenly have a pain of a different kind, and deeper-seated, ushered in by screaming and shouting, followed by restlessness and delirium, with a glaring injected eye—the meninges of the brain will be suffering from metastatic rheumatism in its most active form. It was gout, thus transferred, that destroyed the valuable life of Dr. Ingleby, your late Professor of Midwifery. Another has acute pain darting through his temples and ears, especially when he gets warm in bed; at the same time, he has what he well describes as "gnawing pains" in his shin-bones; his nose is tender, and the roof of it painful; he has, or has had, sore throat, and there are copper-coloured patches about his body. This headache has its foundation in syphilis: mind your treatment, or the more delicate bones of the head and face may be sacrificed. I show you a characteristic specimen in illustration. See how the nasal and temporal bones have suffered here!

A delicate female complains of heavy throbbing pain over the middle, or at the back of the head. She has had it several months, more or less, and is liable to periodical exacerbations. The uterus has likely something to do with this pain. It may be a case of simple amenorrhœa; it may denote the climacteric period of female life; it may depend upon pregnancy; or the uterus may be undergoing some morbid change. This organ, however, may not be at fault: habitual constipation, which females are often in the habit of neglecting, may be the cause of the suffering, or it may be occasionally by hemorrhoids.

Such, and so many, nay, many more, are the varieties of pains in the head, having different causes, and requiring different forms of treatment.—*Medical Times*, Dec. 19th, 1846.

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17. *On the Semeiology of the Tongue.*—By Samuel Wright, M. D., of Birmingham. Whilst some are disposed, in a prodigality of prejudice, to look upon the tongue as pathognomonic of nearly all the "ills that flesh is heir to," others make comparatively light of it, and consider its testimony as little trustworthy. To be amongst the best judges on the subject, is to belong to neither of these parties. As a rule, the tongue is a very faithful indication of the condition of the alimentary organs; but its evidences are not unexceptionable. A furred tongue, for instance, is a common indication of dyspepsia, but it is not a constant one. We sometimes meet with irritable nervous subjects, whose tongues are habitually furred, yet without any signs or symptoms whatever of gastric derangement. Others, again, will have clean tongues, and of natural redness, whilst they are suffering from severe stomach disorder. Various circumstances exert a remarkable influence upon this organ. Some people, otherwise healthy, get a furred clammy tongue, if their stomachs are empty a little longer than usual. Others have their tongues always furred when their stomachs are full; the coating continues only during digestion, and passes off as this function ceases. Mental and moral emotions affect the condition of the tongue in a singular manner; perhaps it never becomes morbid without the nervous function, in its higher offices, being

somewhat implicated. This would explain why a furred tongue is so rarely met with in the inferior animals. It may happen, and I think not unlikely, that in dyspepsia, the disorder the brain suffers, sympathetically with the stomach, has as much share as this organ itself in giving the tongue its characteristic coating. Certain it is, as I have said, that the feelings of the mind will, in a very few minutes, render a clean tongue a foul one. This is a subject which I have been induced curiously to inquire into for some years past, and I have seldom met with an exception to what I have just observed. Among the profoundly studious, amongst those terrified by sudden apprehensions, or shocked by the sudden advent of ill news; among the hypochondriacal, hysterical, gloomy, and desponding, you will find many examples of the mind's influence, in this particular, upon the body. A patient of mine, living near this town, will well illustrate what I say. He is a man of remarkably good constitution, and moulded like a miniature Hercules. Moreover, he has no incumbrances; an excellent mercantile business, that takes up little of his time, is partial employment for him, leaving him many leisure hours in every day that he he has some difficulty in disposing of. These he chiefly occupies in fancying himself the victim of all possible kinds of ailments. There is no disease in the nosology too much for his imagination. Of course, these things are all imaginary, and tiresome enough to listen to, when your judgment and sense of justice tell you that it is not a case for "physic and a physician." You will anticipate my saying that this gentleman is possessed of a most unfortunate nervous sensibility, which chiefly manifests itself in an ideal pathology, all reflected upon his own person. The peculiarity in point, however, which I chiefly wish to speak of, refers to his tongue. I had never seen him with this organ quite clean (although I have not once attended him for dyspepsia), yet the readiness with which it acquires a fur is very remarkable. Many times have I examined his tongue, and found it comparatively what it ought to be, before hearing a recital of his imaginary maladies; and after this, in some quarter or half an hour's detail, that same tongue has put on an aspect almost like that of flannel. I am at this time attending with Mr. Carter, a patient, one amongst the pitiable many who have seen better days. I shall take occasion hereafter to give you his case in due detail, but, for the present, I may observe that his tongue has the peculiarity characteristic of the one just spoken of. I should premise, however, that there is a fancied trouble in the one instance, and a matter-of-fact one in the other. Four days ago, in calling upon the gentleman I am now alluding to, one of the first things I did was to look at his tongue. I found it as usual, very pale, flabby and moist, but without any coating. After having made other necessary inquiries, I was informed by my patient that his heart, which has long been disturbed by mental emotion, the other night beat with unusual vehemence and irregularity. On my asking if he could account for it, he told me that he had just then received the distressing intelligence that an uncle, from whom he expected a competency, had not left him a shilling! This pitiable tale, told with much earnestness and visible feeling, occupied little more than twenty minutes; at the end of that time I again looked at his tongue, and *found it coated with a thick white fur!*

I mention these things, thus generally, to you, not only as items in pathology with which you ought to be made familiar, but also as suggestive of a discreet rule of practice, viz., to let the examination of a patient's tongue be *one of your first duties at his bedside.* My own experience, perhaps not inconsiderable on this point, enables me to say that in nine cases out of ten, and more especially among females, the tongue will be found, on first entering the room, in a very different state to what it is after half an hour's questioning and manipulation.—*Clinical Lectures in Medical Times,* Dec. 20th, 1846.

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18. *On the Use of Opium in Inflammation.* By W. H. Ranking, M. D.—The legitimate sphere of action of *opium,* in the treatment of inflammatory diseases, is, we conceive, a point upon which our notions have arrived at tolerable precision. Under whatever modifications of individual circumstances attending such diseases the beneficial action of opium is observed, one well-marked morbid condition has, according to my observation, existed in every case, and that is an excitement of the nervous system, altogether disproportionate to the exaggeration of vascular action. This excitement is not shown in the existence of sponta-

neous pain alone, as we know that that symptom may be insignificant, or altogether absent, in instances of the most extensive and destructive inflammation; neither is it shown mainly by increased sensibility to local impressions. The excitement to which I allude, exhibits itself in disorders of the sensory and motor functions of the nervous system chiefly, and consists in watchfulness, or transient delirium, irregular respiration, and especially in restlessness and jactitation. In this condition of things, whatever be the violence of the local inflammation, or whatever organ be affected (excepting the brain in some instances), opium is imperatively called for. In other words, whenever, during the existence of inflammation, symptoms indicative of a loss of balance between the nervous and vascular systems exhibit themselves, sedative medicines are demanded in doses proportionate to the nervous preponderance.

This want of balance declares itself, I believe, chiefly under two conditions—1st, the existence of inflammation in a constitution naturally excitable, or in which the general powers have been reduced by the disease itself, by treatment, or by contingent circumstances relating to food, air, &c.; and, 2d, in inflammation of organs or tissues, the implication of which, induces a state of things more or less approaching to that condition which, for want of a better term, we are in the habit of calling *shock*. In illustration of the first division, we may mention inflammation occurring in the hysterical constitution. In these cases, the phenomena which depend upon irritation of the nervous centres, take so decided a lead in the symptomatology of the case, that until they are controlled by opium, or some, under certain circumstances, more appropriate sedative, the inflammatory symptoms proper do not display themselves with their characteristic features. Again, inflammation may attack an ill-fed or previously debilitated individual; or the inflammation may have been too actively combatted by blood letting, mercury, &c., without reference to the deficient resiliency of constitution, which, in children, more particularly, may lurk behind an appearance ostensibly robust. In these cases there may exist from the first, or there comes on assuredly at no distant period, a condition in which opium becomes necessary to save life, to prevent, in fact, in the latter case, the anomaly of the patient "dying cured."

Under the second class of cases in which opium becomes a necessary part of the treatment, or is even mainly to be relied on, is inflammation of an organ or tissue largely supplied with ganglionic nerves, and in which, for this reason, the nervous system requires a large share of attention in the treatment of the case. Such is peritonitis or enteritis, either idiopathic or secondary; such are, also, one form of delirium tremens, diffuse cellular inflammation, and more particularly, phlebitis, the inner membrane of veins having the closest analogy to serous membrane in many respects, but especially in its large supply of organic nerves. In all these inflammations, the usual battery of antiphlogistics is worse than useless, unless combined with the liberal exhibition of opium.

The symptoms either existing *ab initio*, or, as is more commonly the case, coming on in the course of the disease, which indicate the necessity for opium, can only become familiar to the practitioner by clinical observation; but as far as written descriptions can be relied upon, it may be stated, that the broad expression of this condition consists in a failure in the power or regularity of the pulse, pallor of the countenance, moist skin, (but not in all cases,) tendency to incoherence, with restlessness, sleeplessness, and, in an aggravated form, jactitation. This is the broad outline, so to speak, of the state referred to, but it declares itself in minor degrees, with which experience alone can render us familiar, and the appreciation of which is in itself sufficient, in many cases, to make the difference between a successful and an unsuccessful practitioner; for to persevere in antiphlogistic treatment, or to withhold opium, when these indications offer themselves, is to destroy the patient.

In the exhibition of opium when these symptoms show themselves in inflammation, I know of no drawback,—no contraindication which should weigh for one moment against its paramount necessity. Be the skin sweating or dry, the tongue moist or dry, the bowels constipated or not, opium must be given. The constipated bowels, which are regarded by some as inducing the necessity for hesitation in the use of the medicine, I look upon as of the least importance in the generality of inflammations; in some, as in enteritis, a quiescent state of the bowels is even needful; and were it not so, the probability is, that if the case has been properly managed at first, such a clearance will have been effected as will render any risk from accumulation comparatively small.—*Half Yearly Abstract*, and *Prov. Med. and Surg. Journ.*, March 10th, 1847.

19. *On Subacute Inflammation of the Kidney.*—John Simon, Esq., read to the Royal Med. and Chirurg. Society, June 8th last, a paper, the chief points of which were the following:—He first gave an exacter definition of the nature of glandular inflammation generally, showing how often no interstitial deposit of organizable material attends it, and, on the contrary, how much more constantly it evinces itself in modifying the physical properties of the secretion, by admixture of albuminous material, or otherwise. He stated that in the more complicated glands, many of the most obvious structural changes followed, and were caused by the lowest amount of inflammatory action; the secretion becoming first disordered, and then reacting often mechanically, on the structure of the organ. He illustrated this in the kidney, showing its subacute inflammation to commence as an epithelial disease, and to produce the final destruction of the organ, in a great degree, mechanically. After citing the causes of the disease, (among which he mentioned various fevers besides scarlatina,) he proceeded to describe the overabundant formation of modified epithelium, which is the first stage of the disease; stating that the tubes were bunged by it so as to be totally impervious, and were often so distended, that their limitary membrane would give way, and suffer its contents to be effused amid the surrounding blood-vessels. The microscopical examination of the urine would often show the specific cause of the disease—biliary matter, or oxalate of lime, or lithic acid. or fat, entangled or included by those well-known fibrinous casts of the tubules discovered by Dr. Franz Simon. These casts, and the more or less modified epithelium, were signs of renal irritation simply, the specific diagnosis being in each case furnished by additional matters which accompany their escape. He described the final shrinking and atrophy of the kidney as dependent on the gradual absorption of spoiled tissues—not to the contraction of effused lymph; and explained away the appearances which had led many observers to ascribe an unreal influence to the latter cause. He reviewed the subject of "Bright's disease," and stated his opinion, that in all instances of disease to which that name is applied, subacute inflammation plays an important part, and produces its characteristic symptoms. It had appeared to him, that this inflammation was always grafted on the fatty degeneration, so well described by Dr. Johnson. He recommended that the name of "Bright's disease" should be discontinued; that the term "scrofulous degeneration" should be used for one form, and the common one of inflammation for the other. The former had not appeared to him to lead to contraction of the kidney, which he had found mainly in the other class of cases. In tracing the inflammatory changes, he gave an account of the formation of renal cysts, believing their development to be an almost essential part of the inflammatory process; his theory of them being. that when the tubes have been ruptured, these cysts are developed from the effused epithelial germs which (by the destruction of their limitary membrane) are brought into unnatural circumstances. They had appeared to him an extravagant overgrowth of common nucleated cells, down to the size of which he had repeatedly traced them. From this remarkable smallness in which they commence, it seemed impossible that they could arise from the tubes; nor had he ever seen any such connection. In a few remarks on treatment, he expressed a strong opinion against diuretics, and much reliance in the sweating-bath. He spoke of the disease as one of almost incredible frequency, and said, that in a vast majority of cases the disease had been overlooked during life, while its traces in the dead body were such as might easily elude observation.—*Lond. Med. Gaz.*, July, 1847.

20. *Albuminous Urine produced by the use of Cantharides.*—M. Bouillaud read to the French Academy of Sciences, June 8th, a note on the production of albuminous urine by the use of cantharides. Having had numerous cases under his care where albumen was detected in the urine, including true cases of Bright's disease, he determined to make some new researches concerning the different conditions or circumstances under which albumen may occur in the renal secre-

tion. For a long time he had noticed it in those cases where there was undoubtedly serious disorganization of the kidneys, or Bright's disease; but besides confirming his previous knowledge in this matter, his recent researches had brought to light one source of albumen in the urine which had escaped others, and that source existed in the action of cantharides. In many individuals, in whom there was no renal disease, he had large blisters placed on the skin, in those places where they had been previously cupped. In a man who had moderate pleuritic effusion, but whose urine contained previously no albumen, after he had been cupped, a blister was placed over the cut part. The urine passed after this, was put by, and on the next morning it was treated with nitric acid, when it became turbid and white, and altogether assumed the aspect and consistence of weak emulsion. The action of the cantharides on the kidneys, in this case, was evinced by the frequent desire to make water, the pain and agitation attending it; all which, as in other cases observed, passed off in twenty-four or thirty-six hours afterwards. This was the first case in which the experiment was tried; it was repeated in many others, all confirming the results above obtained. The action of the blisters in the way spoken of, was greater when applied to the skin after cupping, than when this was entire—a fact to be anticipated *à priori*. This curious form of albuminuria disappears at the end of two or three days, and is followed by no dropsy, as is the case where there is organic disease of the kidney.

In England, this action of cantharides in producing albumen in the urine, as well as in causing the exudation of blood, has been previously noticed. The investigations of the French physician, however, are confirmatory.—*Lancet*, June 26.

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21. *On the Relations of Rheumatism and Chorea, and their Treatment.*—An interesting paper on this subject has appeared from Dr. Begbie, in the *Monthly Journal of Medical Science*, for April last. This number of that Journal not having reached us, we take the following abstract of it from *Ranking's Retrospect*, vol. v.

[The intimate connection which exists between rheumatism and pericarditis, and between the latter disease and chorea, has been rendered familiar by the writings of Bright, Babington, Copland, and others; but it has not, perhaps, been sufficiently demonstrated, although the association might be predicted to exist, that the abnormal choreal movements and the inflammation of the serous membrane, were alike traceable to one and the same pathological condition, viz., that state of blood which characterizes the rheumatic diathesis. In the paper, of which we subjoin an abstract, this idea is strongly insisted upon. The author, after relating several interesting examples of the association of rheumatism and chorea in different members of the same family, criticizes the explanation most in vogue respecting this coincidence, such as metastasis, extension of irritation to the spinal cord by the phrenic nerve, &c., offers in their stead the following sensible observations:—]

"Keeping these facts in view, and calling to recollection the several cases which have been recorded elsewhere, I cannot help coming to the conclusion that the simple and true view of their relation is to be found in the morbid condition of the blood, which is admitted to exist in the rheumatic constitution; and the explanation will equally apply to chorea occurring in families or individuals inheriting the rheumatic diathesis, to chorea occurring in connection with rheumatism, but without the cardiac complication, and to chorea associated with pericarditis or endocarditis, or both; the inflammatory affections of the fibrous tissues, as well as the spasmodic affections of the muscles and tendons, originating in the same specific disorder of the circulating fluids . . . Those remarkable cerebral affections, the wild delirium and violent mania, the coma, the fatuity, which not unfrequently occur in the course of rheumatic fever, or follow in its train, and which have usually manifested themselves along with the cardiac complication, causing doubt and perplexity in the mind of the attendant as to the real organ affected, admit, I apprehend, of the same explanation—the altered nature of the blood circulating through the brain, and not, as has been supposed by Dr. Watson, the embarrassment of the circulation from obstruction of its central organ; for in some instances, violent delirium has preceded the earliest symptoms of heart affection, and death in other cases has ensued on rheumatic attacks, accompanied by evidence of cardiac disease, but where the state of the brain was the chief cause of apprehension, and dissection has shown nothing more than a row of small, slender, bead-like warts on the mitral valve. Surely, in such cases, it would be well to look to the altered state of the blood, as the common cause of the rheumatic affections of the parts, the inflammation of the membranes of the heart, and the disorder of the nervous centres.

[The treatment of the two affections, acute rheumatism and chorea, are next pointed out in the following words:]

"Rheumatism, however, cannot be regarded as an active inflammation, and treated accordingly. It must be rather considered as a disease dependent upon a specific morbid condition of the blood exciting inflammatory action, particularly in the fibrous tissues, and new remedies ought to be applied, with the view of lessening the amount of circulating fluids and altering their constitution. For this purpose, moderate blood-letting and calomel and opium, appear to be the most appropriate treatment; and I have repeatedly observed, particularly in cases which did not call for immediate loss of blood, that after persevering in the use of mercury for some days, apparently without benefit, the abstraction of a small quantity of blood has been attended with immediate and permanent benefit. I have never seen the rheumatic inflammation of the joints translated to the heart in consequence of blood-letting, and cannot but fear that the prevalent notions regarding metastasis have led to serious errors in the treatment of the disease. If we bear in mind that a third of all those affected with acute rheumatism also suffer from inflammation of the heart, and that a large number also labour under inflammation of the pleura and lungs, and not a few under alarming disorder of the brain, we shall be desirous to employ all the means in our power to overcome as quickly as possible that condition of blood which, as long as it lasts, is productive of such serious consequences to vital organs. I have often been disappointed in colchicum, and doubt its efficacy in true fibrous rheumatism, though I have been more sensible of its effects in the synovial variety, that form which is known as rheumatic gout, and in which purging with full doses of calomel, aided by other purgatives, so as to produce copious bilious stools, is also found useful."

[Respecting the treatment of chorea, the author observes:]

"I have only to speak of the efficacy of one agent, having never had occasion to test the powers of any other; and it deserves remark that this remedy so available in chorea, is scarcely less so in chronic rheumatism. Arsenic is a most valuable and powerful remedy in these as in other diseases, and it is much to be regretted that so many are deterred from employing it, in consequence of the sickness and other unpleasant symptoms which it is apt to produce. Dr. Babington has noticed arsenic as the most powerful of all the remedies for chorea, and Dr. Hughes (see Abstract, vol. iv., p. 28) regards it as slightly inferior to the other mineral tonics; but he only employed it in seven cases, in five of which it failed or disagreed. In the experience of thirty years, and in a large number of cases, I have never known it to fail. It has certainly disagreed in several instances, but I have not abandoned it on that account. Its use has been suspended for a few days, and resumed perhaps to be suspended again; but I have invariably found that the choreal movements have been more and more modified after each, till at last the disease has yielded entirely."

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22. *A few Hints on Constipation.* By Dr. ROBERT DICK.—In all cases of constipation or torpor of the bowels, attention to the cœcum is important. It is here that fecal accumulations are, on several accounts, apt to take place. The circumstance of the large bowel here forming a cul-de-sac, out of which, moreover, the fecal matter during fourteen or sixteen of the twenty-four hours, can only escape by a course counter to gravity, disposes not a little to the collection there of excrement. And, indeed, in most cases of constipation, in cases of chlorosis, &c., we shall generally both see and feel a fulness at this part, sometimes of remarkable and even alarming extent and hardness. There is generally also considerable tenderness of the part; so that handling or pressure of it causes to the patient, not acute pain perhaps, but an unbearable uneasiness, which prevents you from making the examination freely. And I have no doubt that, in not a few cases, a state of chronic irritation of (sub-) inflammation and even of ulceration of the mucous membrane of the cœcum, is induced, from the prolonged contact of hardened feces, which, moreover, has be-

come preternaturally fœtid, and undergone certain irritating chemical decompositions. In such circumstances, either round or irregular masses of a fatty-looking substance may often be detected in the evacuations. This consists of inspissated mucus, secreted by a surface highly irritated or sub-inflamed. A slight prolongation or increase of such irritation will convert this inspissated mucous discharge into a purulent one.

The fact of accumulation in the cœcum being ascertained, a bolus of pills, containing ten or fifteen grains of blue pill, aloes, and hyoscyamus, in equal parts, are to be given at bed-time, on one, two, or three alternate nights. Next morning, a dose of castor oil is to be taken, and means afterwards are to be used, both dietetic and purgative, to keep the bowels patent, and prevent a recurrence of the impaction of the cœcum.

Injections are of much use in this complaint, though only, indeed, of temporary utility. They should be of an oleaginous quality, and be large in quantity, and either during, or subsequently to, their being administered to him, the patient should lie on his right side, so as to promote the passage of the injection to the ascending colon and the cœcum. The right groin should be gently, but effectually, kneaded, as it were, by the hand of the patient himself, or of an assistant. In this way, lumpy masses of feces, which had obviously accumulated in the cœcum, may often be brought away, to the great relief of the patient. A tablespoonful or two of oil of turpentine added to the injection, adds much to its efficacy. This oil seems to exert a most salutary influence on the colon.

A German lately came to London, who professed to cure cases of constipation without the aid of medicine, and simply by friction. He rubbed and kneaded the abdomen, first over the small intestines; then, beginning from the right groin, he continued the process all along the course of the colon to the left groin. By this means, he, probably, actually forced along the fluid feces, and, at the same time, stimulated the muscular coat of the intestines to contract. He devoted several hours, on successive days, to this manipulation, and, as I was informed, often succeeded on the second, third, or fourth day, even in some obstinate cases.—*Lancet*, Jan. 9th, 1847.

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23. *Case of Jaundice—Fungous Growth round the Orifice of the Ductus Choledochus—Dilatation of the Hepatic Ducts in the Liver.*—At a meeting of the Pathological Society of Dublin, Dr. Stokes presented a series of recent specimens, portions of the liver, stomach, and duodenum of a patient, whose case he considered to be unique, as regarded its duration and the extraordinary combination of symptoms which it exhibited. He knew of none similar on record; he had met with none similar in practice. The most obvious disease in the case was jaundice—a complaint to the history of which this case supplied some important additions. The subject of the case was a gentleman, who described himself to have been in uninterrupted good health up to the age of 68. He was of spare habit, temperate, and active, but latterly had taken less than his usual exercise. All through his illness he was seen by Dr. Stokes. He had gone to bed in a state of apparently perfect health. During the night he felt an extreme itching of the skin. This subsided during the day, but returned during the following night. Dr. Stokes was then called in. He found the skin cool, the pulse quiet, the appetite good, and there was no complaint, except the violent itching of the skin at night; there was a red-coloured sediment deposited from the urine. He continued for a week without any alteration in his symptoms; the stools were natural; there was no appearance of jaundice. At a consultation on the case, it was determined to be irregular gout—a conclusion principally founded on the absence of local symptoms. After a week had elapsed from the first indication of illness (January), he suddenly became deeply jaundiced. There was no fever, and the appetite remained unimpaired during three weeks subsequent; then an intermittent fever set in, which continued, with some intervals of remission, up to the time of his death. This fever, Dr. Stokes considered, evidently depended on the presence of free bile in the general circulation. Its accession was very sudden; there were no premonitory symptoms; it commenced with lassitude, rigors so severe as to shake the apartment, and which lasted for an hour, and were succeeded by heat; but there was no sweating stage. During the fever the jaundice increased. The fe-

brile attacks occurred sometimes on every second, sometimes on every fourth day; but whether the type was tertian or quartan was not determined. The feces were white. Under the use of mercury and bark he got better, and in the month of April appeared well. The stools were coloured with bile; the urine was clear; the febrile symptoms had ceased. He was then sent to the country for the summer; but about the end of May he went to London, and, while there, had another attack, the immediate cause of which was some excess of diet. These attacks were from that time very frequently repeated: they were excited by various circumstances, such as constipation, errors in diet, slight exposure to cold; but latterly they came on without any apparent exciting cause. After his return from London, a train of new symptoms appeared; he was exhausted by the journey, and on his arrival seemed more dead than alive; his discourse was quite unintelligible: he was, in fact, talking gibberish, yet he was not delirious; he had rigors, but these ceased after he had been some time in bed, and he became able to speak. Every second day there was a violent paroxysm; the stools were hard and white; constipation now ensued; severe uneasiness was felt about the fundament; purgatives gave no relief; there was constant tenesmus, and straining to pass matter from the bowels after the exhibition of purgative medicines; but only thin matter, in small quantities, was discharged; the jaundice and fever increased in intensity. On the second day of this constipated state, Sir P. Crampton inserted an instrument into the rectum, with which he removed some hardened feces; this was followed by seven or eight copious stools, and the patient from that time began to recover. The amendment continued for several months; he became fat and strong, had good sleep and spirits, until he became distressed at the death of some friends, when the symptoms of his illness reappeared. On every day, or sometimes every second day, he had a febrile attack, but without perspiration; this continued during a year. Before each of the attacks in this period, he had a sense of great oppression in the head; during the intermissions the tongue was clean, the abdomen in a normal state, and the jaundice had almost entirely subsided. Of late there appeared an irritable condition of the urinary organs; there was sometimes a copious discharge of urine, then suppression, and at the same time anxious desire to pass water; great irritation of the bladder. The treatment adopted was various; relief was latterly obtained by the use of blue pill, together with the sulphate of quinine. During the last eight days of his life, the fever continued without intermission, and he died comatose. There had been no physical signs of any organic disease; Dr. Stokes therefore expected that some very local disease would be found to have given rise to all this illness. On examination the liver was not at all enlarged, but there was a diseased state of the mucous membrane of the duodenum, about the orifice of the duct; the ductus communis was enlarged in calibre, and so were the biliary ducts all through the liver; there were several elevations or prominences on the surface of the liver, formed by true aneurisms or dilatations of the hepatic ducts. This circumstance, Dr. Stokes remarked, he had before met with; and he also referred to a paper by Mr. Lloyd, in the Medico-Chirurgical Transactions, in which a similar lesion is described. The orifice of the duct in the duodenum was surrounded by an irregular fungus, resembling an old cicatrix; the gall-bladder was distended with bile, its coats were thinner than natural; the ductus communis was greatly dilated, but the obstruction to the flow of the bile had never been complete; the orifice, though obstructed, remained pervious; none of the other viscera presented anything abnormal.—*Dublin Quarterly Journal of Med. Science.*

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24. *Obliteration of the Spermatic Ducts.*—M. GOSSELIN read a memoir before the Academy of Medicine on spermatic obliterations, in which he proceeded to show that the ducts destined for the passage of the semen were liable to become obliterated, just as the ducts for the transmission of the bile, urine, and saliva. The obliterations which he has met with have been found in, 1, the vas deferens; 2, the tail, or globus minor of the epididymis; 3, the head, or globus major of the epididymis; and 4, the seminiferous vessels of the testicle. M. Gosselin only once met with obliteration of the vas deferens, when it extended from the commencement of the canal to its pelvic portion; there was not obliteration merely, but a disappearance of the organ in this part of its course. The canal of the epi-

didymis presented a varicose enlargement, and contained a great many spermatic animalcules, whilst the vesicula seminalis was devoid of them. Obliterations on a level with the tail of the epididymis were demonstrated by the impossibility of passing fine injection along the tubes; by dissections which have displayed, at the part, a fibro-cellular, impermeable substance; by the varicose dilatation of the epididymis; and by the existence of spermatozoa in this part, and not beyond.

The memoir terminated with the following conclusions:—1, the vas deferens may be obliterated, and cease to carry the semen on towards the vesiculæ seminales; 2, the canal of the epididymis may become obliterated about the tail of the organ; 3, in these two cases the duct, whose convolutions form the epididymis, may dilate, and become varicose, or may preserve its normal character; 4, the testicle, in these cases, does not constantly become atrophied: it continues to secrete, absorption relieving the consequent engorgement of the duct; 5, there may exist partial or temporary obliteration about the tail of the epididymis; 6, obliterations may occur about the head of the epididymis, but these do not present an obstacle to the course of the seminal secretion; 7, there may exist total or partial obliterations in the seminiferous vessels of the testicle.

We may suppose the obliterations in the course of the efferent ducts of the testes, which M. Gosselin has examined, to be, perhaps, not an infrequent cause of impotence. We now want further investigations to demonstrate to us the cause of such obliterations,—whether chronic inflammation from over-excitement or from injury may be a cause; also how such obliterations may be detected during life, whether we can derive any assistance in diagnosis from a varicose condition of the epididymis; and how far curable some of the cases of obliteration may be, for some we may determine to be incurable.—*Lancet*, July 31, 1847.

25. *Sulphuric Ether in the Treatment of Intermittent Fevers.*—Dr. CHALLETON states that he has uniformly succeeded in curing intermittent fever, which has appeared in the neighbourhood of Gannat, by administering half a teaspoonful of sulphuric ether at a dose, either on the occurrence of the shivering fit, or at intervals of four hours on the day before the attack. Several physicians in the neighbourhood have adopted this mode of treatment with satisfactory results.—*Lond. Med. Gaz.*, Aug. 1847.

26. *Galvanism in Aphonia.*—The following is the description of one of the earliest modes of applying galvanic action to the treatment of disease, and on account of the long continuance of its effects, is thought by Mr. Donovan to hold out considerable advantages:—In the case of a young lady, affected four years with hoarseness, and more or less complete aphonia, blisters, mercurials, &c., had been used without any relief. Her physician, Dr. Grapengiesser, then thought of increasing the action of blisters by galvanism, and accordingly, having vesicated each side of the larynx to the size of a shilling, he covered the excoriated spots on one side with a zinc plate, to which a wire of the same metal was attached, and on the other with a piece of silver. As soon as he brought the two plates in contact, a burning sensation at those spots arose, and the larynx heaved up and down convulsively, with loud sobbing. On alternately breaking and re-joining the contact, these motions became so violent as to be almost insupportable. After this process had been continued for a quarter of an hour, a watery humour began to run from the excoriated surfaces. The apparatus was removed, and towards evening she began to speak more audibly and the improvement continued next day, but was lost again on the fourth or fifth day. The process was then repeated, with the same results, and the apparatus was left on all night, with the effect of permanently restoring the voice.—*Dublin Quarterly Journal of Medical Science*, Feb. 1847.

27. *Effects of Electricity on the Human Organism.*—M. PALLAS, chief physician of the French armies in Algeria, communicated to the Academy of Sciences, the results of his most recent researches as to the influence of atmospheric and terrestrial electricity on the organism, and as to the power of insulation in modifying its injurious effects. He concludes his researches by the following summary of results:—

1. The greater number of diseases, and more particularly those which involve the nervous system, (belonging to the class of neuroses,) are caused by the excessive influence of general electricity, of which stormy clouds and marshy localities are the most abundant sources.

2. Marshes, by their geographical constitution, and their effects on the animal economy, offer the greatest analogy to the galvanic pile. Indeed, their noxious action is by so much the more formidable, as the water which exists in them holds in solution organic or saline matters; and this explains why salt-water marshes, and those near the sea-coast, are more especially injurious to the health. The drying up of marshes, or their submersion, presents us with similar conditions, as when a galvanic pile is deprived of its liquid, or totally immersed; in either way its action being rendered insignificant, or being quite annulled.

3. The works of physicians and physiologists have demonstrated that electricity produced by machines has a special action on the nervous system. Experience and rigorous observation of facts prove, that the maladies which are developed in the proximity of marshes are always, primarily, of a nervous type: and that when they become inflammatory, it is by the reaction of the nervous system on the heart and entire vascular system, whence arise, consecutively, local or general inflammations.

4. Nervous maladies and intermittent fevers being occasioned, not by the action of a miasma, which has never been detected either in the air or in the water of marshes, but by the excessive (exaggerated) influence of electricity, some means which have in view the modification of this morbid influence, should naturally and rationally be preferred.

5. Electrical insulation happily fulfils this indication. The insulation may readily be effected by fitting on to the ordinary forms of beds, feet made of glass or of resin. A great number of observations have demonstrated to M. Pallas, that all the sick who have been thus insulated, have been cured or relieved of their severe diseases, many of which had previously resisted all known means of cure.

The plan of treatment here advised, has the strong recommendation of cheapness and the avoidance of trouble; but we fear that neither the treatment, nor the hypothesis on which it is built, will bear the test of experiment and experience. The prevalent and active source of so many diseases which infest mankind, and which M. Pallas thinks to be found in electricity, we should rather admit to be hidden at present; but judging from what we do know of the laws to which even this subtle agent, the source of fevers, &c., must conform, there is a probability against its being electricity, and in favour of its being a miasm issuing from the earth under certain conditions, and we may, perhaps, proceed so far as to predicate a peculiar electrical state, as one of those conditions. Neither is it any argument against the existence of a miasm, that it has never hitherto been made cognizant to our senses, save by its effects, as brought forward by M. Pallas.—*Lancet*, June 26.

28. *Benzoate of Ammonia in Gout.*—Dr. Seymour (*Thoughts on Several Severe Diseases, &c.*) states that he has frequently used this medicine in cases in which the small joints were red and swollen, or where fluid was deposited in the joint of the great toe, and also in cases where the lithate of soda existed in the joints of the fingers, and that it was decidedly useful. He thinks that early depositions have been arrested, and large depositions diminished, under the use of this medicine. He regards it as a good diuretic, and as especially adapted to those cases of dropsy in which an irritable stomach renders the employment of ordinary diuretics impracticable. He has seen also the albumen in renal dropsy diminish under the use of the benzoate of ammonia.

29. *Binoxide of Mercury in Skin Diseases.*—M. Ibreisle has reported the results of his experience in the use of the binoxide of mercury as a local application, in diseases of the skin, especially those of a strumous or syphilitic origin. Indolent ulcers of the extremities have frequently yielded to this application, as have also phagedenic ulcerations. The author regards this preparation as an excellent remedy for the removal of the indurations which accompany syphilitic ulcers; he has likewise used it with success in pustular syphilides.

The formula is that of an ointment, consisting of one part of the oxide, to four or five of lead. Some caution appears to be necessary in its employment.—*Gaz. Méd. de Paris*, March 8th, 1847.

30. *Treacle as a Local Remedy for Rheumatism.* Mr. VINES stated to the Reading Pathological Society, a case where a patient was suffering from rheumatic pains of the legs, and had been treated by eminent men in various ways without relief, when an old nurse recommended the legs to be wrapped in flannel soaked in treacle for some days, which procured him complete relief. He therefore thought there was some sedative influence in the treacle.—*Prov. Med. and Surg. Journal*, Aug. 25, 1847.

31. *Influence of Quinine on the Volume of the Spleen in Ague.*—M. VALLEIX, physician of the Hôtel Dieu, has directed his attention to the action of the sulphate of quinine on the volume of the spleen in intermittent fever. He has done so to test the accuracy of a statement made by M. Piorry, that the disappearance of the paroxysm coincides with the diminution of the volume of the spleen; that this organ sensibly diminishes in thirty or forty seconds after the administration of a full dose of quinine, in solution, and acidulated; that the diminution goes on very rapidly if the quinine be continued in a sufficiently large dose. M. Gouraud having examined into this matter, however, states that he has not found the spleen thus diminish, but that, in consequence of an accumulation of gas in the stomach, from the ingestion of the quinine, the left hypochondrium is rendered sonorous, and the dulness over the spleen becomes masked. These opposite statements M. Valleix has kept in view in making some fresh observations. He narrates a case, and its course; quite a simple case of ague, occurring in a young and robust man, who had never suffered before. It was a recent case, and there were no evidences of organic disease in any organ; the spleen had undergone very considerable enlargement, being readily perceived through the abdominal wall, and therefore its size could be estimated with the greatest precision. The sulphate of quinine, although given in a very strong dose of thirty grains, and acidulated, so as to render the salt a bisulphate, did not act, as represented by M. Piorry, on the volume of the spleen, neither at the end of forty seconds, nor of twenty minutes, nor even of twenty-four hours. The medicine also had no such power when given in still greater quantity, but divided, during the day, into several doses, and continued on succeeding days. But after the application of cupping-glasses and leeches over the splenic region, the volume of the spleen, on the contrary, diminished rapidly, although the dose of quinine was abated. Lastly, notwithstanding the persistence of the splenic engorgement, the fever was cut short, and there was no trace of a recurrent paroxysm.

Another equally uncomplicated case occurred to M. Valleix, and the same method being tried, was attended by the same results. It must, however, be mentioned, that three days after the first dose of quinine, a slight diminution of the spleen was noticeable; but this little decrease, which perhaps, too, was partly owing to a bottle of eau de Vichy which the patient took, was lost sight of when compared with the rapid diminution which followed two days afterwards, when cupping-glasses were applied over the spleen, and which continued to go on. In this case, also, as in the preceding, although the enlarged spleen remained, the fever was removed.

The third case differed from the two preceding, in that it was of older date; but there was no essential difference in the effects of the treatment. The spleen remained unaffected in size during the first day, when quinine alone was given; but quickly decreased after local bleeding, although the dose of quinine was lessened. The fever was removed before the engorgement of the spleen had subsided.

Thus these observations contradict the assertions of M. Piorry both as to the coincidence of the disappearance of the fever and the decrease of the spleen, and as to the immediate and prolonged influence of quinine in diminishing the splenic congestion. M. Valleix also confirms the observation of M. Gouraud as to the formation of gas in the stomach upon the quinine being swallowed, augmenting the resonance over the left hypochondrium, and so hiding the dulness over the solid spleen beneath to a slight extent; not so much so, however, but that palpitation and percussion will readily detect the engorged organ.—*Lancet*, September 4th, 1847.

32. *Treatment of Inflammatory Induration of the Cervix Uteri by deep Cauterization with Potassa Fusa.*—Dr. Simpson's own observations fully confirm the recorded opinions of Dr. Bennet and others regarding the general dependence of leucorrhœa upon inflammatory ulceration and induration of the cervix uteri. He has found inflammatory enlargement and induration of the tissues of the cervix very frequent in practice, and existing, in fact, in most cases of very chronic and aggravated leucorrhœa. In practice he has seen it mistaken for the induration and ulceration of carcinoma, &c. Formerly, in the treatment of these common cases, Dr. S. employed the frequent local application of leeches, and counter-irritation to the sacrum, &c., with the use of pessaries of mercurial and iodine ointment, keeping the indurated tissues imbedded in these applications, &c. The cure in this way is tedious, and months are often required before the indurated parts became reduced. Various local escharotics, partly to destroy the indurated tissues by direct decomposition, and partly to soften down the remainder by new inflammatory action, have been in modern times employed for the same purpose, and with much more certain and expeditious effect. Dr. S. has in this way employed, in a number of cases, nitrate of silver often applied, Vienna paste (*potassa cum calce*), and nitric acid. He states the particulars of a case which he had treated successfully four years ago with nitric acid, and he had lately seen the patient in perfect health; it was at the time supposed that she had cancer uteri. Latterly, Dr. S. has abandoned these and other escharotics, and now always uses the common *potassa fusa*. He has found it far more manageable, speedy, and certain than any other method. He uses it of course through the speculum, applying a stick of it freely with a proper caustic holder to the ulcerated and indurated tissues. It requires to be rubbed or held *strongly* for a time against the part which is to be destroyed. In general a piece three-quarters of an inch, or an inch long, is melted down. The decomposition produced by it often causes a hissing sound. If the induration is extensive, and the whole cannot be removed at once, increased action and absorption are set up in what remains, and the parts adjacent become softened and diminished in size. Absorption in this way is truly one of the results or consequences of inflammation, though still an undescribed *termination*. In some aggravated cases, two or more applications of the caustic are required at intervals of eight or ten days. Dr. S. has never seen pelvic cellulitis, or any other bad result follow. The appearance after the operation is as if a portion had been clean cut out with the knife. A large quantity of vinegar and water is immediately thrown up through the speculum to neutralize the potassa, and prevent it from injuring the sound parts. A copious purulent discharge usually follows for several days, requiring the use of astringent washes, or zinc ointment pessaries. When the whole of the induration is once removed, the remaining ulcer heals rapidly and permanently. An ulcer over an indurated part may be cicatrized, but it is almost certain to break out again and again till the induration itself is reduced.—*Month. Journ. of Med. Sci.*, July 1847.

33. *Death of a New-Born Child from Hypertrophy of the Thyroid Gland.*—A robust and full-grown infant, born in a state of asphyxia, continued to respire in an abnormal manner even after the removal of the asphyxia. A dose of squill juice occasioned vomiting, after which the child fell asleep. On awakening, the suffocative attack was renewed, the voice being hoarse and crowing. Deglutition was also impeded, the food being swallowed with difficulty and with perceptible noise. There was manifestly some permanent obstacle of a kind at once to narrow the wind-pipe and the gullet, in confirmation of which a perceptible swelling occupied the neck. On the fourth night a suffocative attack put an end to life. The dissection gave the following light on the case:—The thyroid gland, engorged with blood and composed of a very compact parenchymatous substance, was so much enlarged as to occupy the whole anterior region of the neck—its two horns extended above the lateral parts of the hyoid bone; its lateral borders reached beyond the anterior margins of the sterno-mastoid muscles; the upper concave edge covered the larynx; its lower concave edge the upper part of the sternal manubrium. Behind the thyroid gland there were seen two thick muscles surrounding the windpipe and throat throughout. The most considerable stricture of the windpipe was at its lower part, while the rima glottidis were perfectly normal.

At the bifurcation of the trachea a great quantity of dirty milk-like mucus was met with. As to the remaining organs, the thymus was less developed, both the lungs of normal appearance, with the exception of the top, which exhibited several more compact, somewhat liver-like, dark-red spots. The heart was deep-red, and as well as the pericardium, was engorged with venous blood. In the pericardium there was about a spoonful of yellow serum. The valve of the foramen ovale was not yet quite closed. The main vascular trunks were of healthy structure. We learn from these post-mortem appearances that in this case the pulmonary circulation had not yet been fully developed, in consequence of which the brain became gorged with blood, and at last apoplectic.

There are two diseases which might have been confounded with that just described, asthma stridulum and croup. These differ, however, in many points; the former by its more tardy appearance, the non-permanency of the dyspnœa, the tetanic spasm, and complete interruption of the respiratory process at the close of life; the latter by the normal deglutition, and in common with the former, by its more tardy appearance.—*Ibid.*, from *Caspar's Wöchenschrift.*

34. *Case of Ischuria Neonatorum.* By Alois Bednar.—A child, who died on the 13th day after birth, during the last five days while he was under the care of the reporter, passed no urine. It does not appear whether or not he had passed any on the previous days. The dissection showed the following very interesting state of the parts. The caput gallinaginis, instead of passing, as in the normal structure, into a prominence, ending in two branches which again divide into a great number of little folds, was here branched at its anterior extremity, into two mucous valves, running along the walls of the urethra, from behind downwards and forwards, towards the middle space where they united together. These two crescentic valves, with their concavity looking towards the bladder, included between their combined terminations, a very narrow fissure running necessarily from behind forwards. From the structure it is evident that whenever the bladder contracted on the urine, the cavity of the valves became filled with it, and the fissure between them being completed by their distension, not a drop could issue beyond. It was easy to pass a thick probe from the anterior part of the urethra into the bladder, but when the probe was passed from the bladder, it was impossible to reach the urethra without the assistance of the eye, the probe being otherwise continually thrown back by the valves. As to the surrounding parts, the rest of the urethra and genitals were quite healthy; the urinary bladder was hypertrophied, its usual thickness being trebled, the thickening being principally in the muscular coat. On the inner surface of the bladder there was seen an incipient tubercular tissue, moreover some little pervious dilatations, and a greater sac with a sphincter-like opening at the termination of the left ureter. The remaining portion of the ureter was dilated and thickened, the renal substance was atrophied. As it cannot be assumed that the high degree of hypertrophy and dilatation of the urinary organs had been developed during the short continuance of life, it is very probable that as soon as the secretion of urine commences, there is a necessity for its evacuation by the urethra. And hence, also, it is to be inferred that an empty urinary bladder is not to be regarded in forensic medicine as one of the evidences of an infant having lived after birth.—*Ibid.*, from *Zeitschr. d. Gesellph. d. Arzte Zu Wien*, Feb. 1847.

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35. *Influence of the Laws of Gravity on Circulation and Local Inflammation.*—Prof. Gerdy read to the French Acad. of Medicine, May 25th, an interesting paper of a practical nature on this subject. The author remarked that the influence of the laws of gravity on the circulation, was often evident in the production or increase of cephalalgia, of œdema of the extremities; that it was sometimes an obstacle to the cure of hydrocele after operation, as also to absorption of hydarthrosis of the knee or ankle; that it occasioned the displacement and extension